



Rodd Clay  
Office of Grants Management  
HHS

February 26, 2001

Dear Mr. Clay:

South Carolina's Ryan White Title II Program funds eleven consortia to provide care and services to HIV infected persons who have no other payment source. Several different consortia models exist in South Carolina, including a medical model and a case management model. Both models fund medical care and services, but in different ways **B** direct funding, fee for service, or contractual. These services may be provided on or off site. HRSA has directed that, as providers of medical services, the consortia need to report these services as **A** Ambulatory/outpatient care for HIV-related services@.

The South Carolina Ryan White Title II Peer Review Committee submit the following comments regarding the Cross-Title Data Reporting System:

- **68.** Number of pregnant clients who received counseling on the effectiveness of Zidovudine or any other antiretroviral medications to prevent the transmission of HIV to their children:  
*This question will require record review on-site at each provider practice, and will possibly require review at more than one provider site, i.e. both obstetrician and primary care provider. This information will be nearly impossible and quite labor intensive (and thus expensive) to capture. Not all client records will contain this information, resulting in incomplete data.*
- **69.** Number of pregnant clients offered Zidovudine or any other antiretroviral medications:

***This question will require record review on-site at each provider practice, and will possibly require review at more than one provider site, i.e. both obstetrician and primary care provider. This information will be nearly impossible and quite labor intensive (and thus expensive) to capture. Not all client records will contain this information, resulting in incomplete data.***

- **70.** Number of clients who received each of the following at any time during this reporting period:

- TB skin test (PPD Mantoux)
- Prophylaxis or treatment due to a Positive TB skin test
- Screening/testing for any treatable sexually transmitted infection (STI)
- Treatment for an STI
- Screening/testing for Hepatitis C
- Treatment for Hepatitis C
- PCP prophylaxis

***Some of the above will not be easy to capture, i.e. screening for an STI may happen at any number of sites without the knowledge of the HIV caregiver. The concern is that the data will be incomplete at best.***

- **71.** Number of female clients who received a pelvic exam and Pap smear during this reporting period.

***This question will require record review on-site at each provider practice, and will possibly require review at more than one provider site, i.e. both obstetrician/gynecologist and primary care provider. This information will be nearly impossible and quite labor intensive (and thus expensive) to capture. Not all client records will contain this information, resulting in incomplete data.***

- **72.** Number of clients diagnosed with each AIDS-defining condition during this reporting period:

- PCP
- MAC
- Cervical Cancer
- Mycobacterium Tuberculosis
- CMV Disease
- Toxoplasmosis
- Other AIDS-defining condition

***Again, some of the above may be diagnosed at an emergency room and result in incomplete data of questionable value.***

- **73.** Number of clients offered combination antiretroviral therapy during this reporting period:  
***Capturing the offering of combination therapy will require record review and even then may not be available, resulting in data of questionable value.***
  
- **74.** Number of clients referred outside the program for any primary medical services during this report period:  
***A definition of primary medical services needs to be included in instructions.***

For providers who subcontract for the delivery of medical services, the above information will be difficult to collect. Capturing numbers of clients who are offered a particular regimen (ZDV or HAART) may be nearly impossible to accurately collect, even if a number of collection mechanisms are utilized. Incomplete data may do a great deal of harm if used to guide program development. There is also significant concern that the data collection will be labor intensive and possibly divert funds from care and services to administrative functions.

Thank you for consideration of these concerns.

Sincerely,

Chair, Ryan White Title II Peer Review Committee

Program Manager, Ryan White Title II